C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

a delegate and

January 29, 2008

Greg Maurer, Administrator Elmore Medical Center 895 North Sixth East Mountain Home, ID 83647

RE:

Elmore Medical Center, provider #131311

Dear Mr. Maurer:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey of Elmore Medical Center concluded on January 23, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form HCFA-2567, which states that Statement of the facility complies with the Federal requirements at 405.1022(b), and a copy of the State fire safety Statement of Deficiencies form, which states that the facility complies with the Fire Protection Standards of the Rules and Minimum Standards for Hospitals.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY

Health Facility Surveyor

Facility Fire Safety and Construction Program

TB/lj

**Enclosures** 

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

Printed: 01/29/2008 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN	OF CORRECTION	IDENTIFICATION NUM	MBER:	A. BUILDING	01	COM	PLETED		
		131311		B. WING			1/23/2008		
NAME OF PROVIDER OR SUPPLIER ELMORE MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE  895 NORTH SIXTH EAST  MOUNTAIN HOME, ID 83647						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEEDED B' REGULATORY OR LSC IDENTIFYING INFORM.		Y FULL	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE		
K 000	INITIAL COMMENTS			K 000					
	INITIAL COMMENTS  The hospital is a single story, Type V(111) construction. It was built in 1955 with maj renovations and additions in 1996-98. It is sprinklered and has complete smoke deteroverage. There is no basement or stainy Currently the hospital is licensed for 25 accepted. There are 45 additional beds in the attached nursing home.  The above facility was found to be in substantial fire/Life Safety survey conducted January 23, 2008. The facility was survey under the LIFE SAFETY CODE, 2000 Edit Existing Health Care Occupancy, adopted March, 2003. In accordance with 42 CFR 482.41(b)  The Survey was conducted by:  Taylor Barkley Health Facility Surveyor Fire/Life Safety		najor It is fully etection irways. acute he  abstantial ing the ed on eyed Edition, ted 11						

(X2) MULTIPLE CONSTRUCTION

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 01/28/2008 FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING\_ 131311 01/23/2008

NAME OF PROVIDER OR SUPPLIER ELMORE MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  895 NORTH SIXTH EAST  MOUNTAIN HOME, ID 83647					
В 000	16.03.14 Initial Comments		B 000				
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE